PART B - FEE(S) TRANSMITTAL

JAN 0 7 2025 WISTRUCTIONS: This for appropriate. All further coindicated numbers projected	orm should be used for trainerspondence including the below or directed otherwise	nsmitting the ISSU Patent, advance or	or <u>Fay</u> E FEE and PUI ders and notifica	Commissioner for P.O. Box 1450 Alexandria, Virgo (703) 746-4000 BLICATION FEE (if requition of maintenance fees to the properties of the	or Patents ginia 22313-1450 uired). Blocks 1 through 5 will be mailed to the curren	should be completed where t correspondence address as agrate "FEE ADDRESS" for
CURRENT CORRESPONDEN	ons. CE ADDRESS (Note: Use Block 1 for 10/06/2004		, speen, mg u	Note: A certificate of Fee(s) Transmittal. The	; and/or (b) indicating a sep f mailing can only be used a is certificate cannot be used al paper, such as an assignm te of mailing or transmission.	for domestic mailings of the
MICHAELSON PARKWAY 109 (328 NEWMAN SI P O BOX 8489 RED BANK, NJ 0	AND WAXXXXXX ADFFICE CENTER PRINGS RD	ASSOCEATES		Ce I hereby certify that the States Postal Service addressed to the Mattransmitted to the USI	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the Michaelson	smission
/10/2005 GWORDOF2 00000127 09351857				Tura	Christania	(Signature)
FC:2501	700.00 OP			January	5, 2005	(Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/351,857	07/13/1999		RICK W. LANI	OSMAN	UCC-1/CIP/D5	1323
APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$685x \$70	0	\$0	±\$486 \$700	01/06/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SHAH,	SANJIV	2176		707-500000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names or agents OR, (2) the name of	1. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is isted, no name will be printed.		
"Fee Address" indica PTO/SB/47; Rev 03-02	tion (or "Fee Address" Indic- or more recent) attached. Us	ation form e of a Customer	2 registered pa	mey or agent) and the name tent attorneys or agents. If	nes of up to	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO E		2 registered pa	mey or agent) and the name atent attorneys or agents. If will be printed.	nes of up to	
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	tion (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	E PRINTED ON T	2 registered pa listed, no name HE PATENT (pr	rney or agent) and the name atent attorneys or agents. If e will be printed.	nes of up to	document has been filed for
PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Es an assignee is identified ben 37 CFR 3.11. Completion	E PRINTED ON T elow, no assignee of of this form is NOT	2 registered pa listed, no name THE PATENT (pr data will appear a substitute for	rney or agent) and the name atent attorneys or agents. If e will be printed.	nes of up to no name is 3	document has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Es an assignee is identified ben 37 CFR 3.11. Completion	EE PRINTED ON T elow, no assignee of of this form is NOT (B)	2 registered partition of the PATENT (product will appear a substitute for the PATENCE: (rney or agent) and the nan atent attorneys or agents. If e will be printed. int or type) on the patent. If an assign filing an assignment.	nes of up to no name is 3	document has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Es an assignee is identified bin 37 CFR 3.11. Completion	E PRINTED ON T elow, no assignee of of this form is NOT (B)	2 registered pelisted, no name HE PATENT (production of the period of th	mey or agent) and the name then attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CONEW YORK, NEW	nes of up to no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COMPlease check the appropriate 4a. The following fee(s) are Issue Fee	tion (or "Fee Address" Indictor more recent) attached. Us O RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion IEE MUNICATIONS COFE The assignee category or category enclosed:	DE PRINTED ON To elow, no assigned to of this form is NOT (B) RPORATION ories (will not be pri	2 registered pelisted, no name HE PATENT (pr data will appear a substitute for a) RESIDENCE: (inted on the paten Payment of Feel	mey or agent) and the name attent attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CO NEW YORK, NEW t): Individual XX C (s): e amount of the fee(s) is en	nee is identified below, the of UNTRY) YORK orporation or other private grandlesed.	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM Please check the appropriate 4a. The following fee(s) are set issue Fee Publication Fee (No set in the properties) Publication Fee (No set in the properties)	tion (or "Fee Address" Indicor more recent) attached. Us O RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion IEE MUNECATIONS COFEE assignee category or category enclosed: small entity discount permitted.	E PRINTED ON T elow, no assignee of this form is NOT (B) RPORATION ries (will not be pri 4b.	2 registered pelisted, no name HE PATENT (pr data will appear a substitute for a) RESIDENCE: (Inted on the paten Payment of Feel A check in th Payment by c	mey or agent) and the name attent attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CO NEW YORK, NEW at): Individual XX C (s): e amount of the fee(s) is enteredit card. Form PTO-2038	nee is identified below, the of UNTRY) YORK orporation or other private gracelosed. B is attached.	oup entity Government
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (Nos Advance Order - # o	tion (or "Fee Address" Indicor more recent) attached. Us O RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion IEE MUNECATIONS COFEE assignee category or category enclosed: small entity discount permitted.	E PRINTED ON T elow, no assigned of this form is NOT (B) RPORATION bries (will not be pri 4b.	2 registered pelisted, no name HE PATENT (pr data will appear a substitute for a) RESIDENCE: (Inted on the paten Payment of Feel A check in th Payment by c	mey or agent) and the name attent attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CO NEW YORK, NEW at): Individual XX C (s): e amount of the fee(s) is enteredit card. Form PTO-2038	nee is identified below, the of UNTRY) YORK orporation or other private grandlesed.	oup entity Government
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM Please check the appropriate 4a. The following fee(s) are 1 Issue Fee Publication Fee (Nos Advance Order - # o Advance Order - # o Advance In Entity Status a Applicant claims S	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion EE MUNECATIONS COFEE eassignee category or category enclosed: Small entity discount permitted f Copies (from status indicated above MALL ENTITY status. See	E PRINTED ON T elow, no assignee of this form is NOT (B) RPORATION Pries (will not be pri 4b. 20 31 CFR 1.27.	2 registered pelisted, no name HE PATENT (pr data will appear f a substitute for it) RESIDENCE: (muted on the paten . Payment of Feet A check in th Payment by of The Director Deposit Account	mey or agent) and the name that attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CO NEW YORK, NEW t): Individual XX C (s): e amount of the fee(s) is enteredit card. Form PTO-2036 is hereby authorized by c Number 13-308.	nee is identified below, the of the contract o	credit any overpayment, to copy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM Please check the appropriate 4a. The following fee(s) are 1ssue Fee Publication Fee (Nos Advance Order - # o 5. Change in Entity Status a. Applicant claims S	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion EE MUNECATIONS COFEE eassignee category or category enclosed: Small entity discount permitted f Copies (from status indicated above MALL ENTITY status. See	E PRINTED ON T elow, no assignee of this form is NOT (B) RPORATION Pries (will not be pri 4b. 20 31 CFR 1.27.	2 registered pelisted, no name HE PATENT (pr data will appear f a substitute for it) RESIDENCE: (muted on the paten . Payment of Feet A check in th Payment by of The Director Deposit Account	mey or agent) and the name that attorneys or agents. If e will be printed. int or type) on the patent. If an assigning an assignment. CITY and STATE OR CO NEW YORK, NEW t): Individual XX C (s): e amount of the fee(s) is enteredit card. Form PTO-2036 is hereby authorized by c Number 13-308.	nee is identified below, the of the contract o	credit any overpayment, to copy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICAST COM Please check the appropriate 4a. The following fee(s) are 1ssue Fee Publication Fee (Nos Advance Order - # o 5. Change in Entity Status a. Applicant claims S	tion (or "Fee Address" Indicor more recent) attached. Us D RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion EE MUNECATIONS COFEE eassignee category or category enclosed: Small entity discount permitted f Copies (from status indicated above MALL ENTITY status. See	E PRINTED ON T elow, no assignee of this form is NOT (B) RPORATION Pries (will not be pri 4b. 20 31 CFR 1.27.	2 registered pelisted, no name HE PATENT (pr data will appear f a substitute for it) RESIDENCE: (muted on the paten . Payment of Feet A check in th Payment by of The Director Deposit Account	rney or agent) and the name that attorneys or agents. If e will be printed. int or type) on the patent. If an assignfilling an assignment. CITY and STATE OR CO NEW YORK, NEW t): Individual XIC (s): the amount of the fee(s) is encredit card. Form PTO-2036 is hereby authorized by continuous in the service of the ser	nee is identified below, the of the contract o	credit any overpayment, to copy of this form).

In scollection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.